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IN THE UNITED STATES DISTRICT COURT FOR THE
MIDDLE DISTRICT OF ALABAMA 2006 JUN 27 A 10: 21

DEBRA P. HACKETT, CLK
U.S. DISTRICT COURT
MIDDLE DISTRICT ALA

PRISONER COMPLAINT [FOR INMATE ACTION] UNDER 42 U.S.C. § 1983

MARLON MARTIN

Name under which you
were convicted

#225145

Your prison number

vs.

CIVIL ACTION NO. 2:06cv573-MHT-VRM
(To be supplied by Clerk of Court)

PRISON HEALTH SERVICES (STATON CORR.)

Name of Defendant(s)

STATON CORR. FAC./ P.O. BOX #56/ ELMORE, ALABAMA. 36025-0056

Place of Confinement and Address

INSTRUCTIONS - READ CAREFULLY

A. Complaint Form. You must file your original complaint and a copy for each named Defendant. Your complaint must be clearly handwritten or typewritten. Do not use the back of a page. Your complaint must be signed by you; no notary is required. Any false statement of material fact may serve as the basis for prosecution for perjury.

B. Proper Court. Your complaint can only be brought in this Court if a defendant is located in the Southern District of Alabama and the rest of the defendants are located in Alabama or if your claim arose in this district. The Southern District of Alabama is comprised of the following counties: Baldwin, Clarke, Choctaw, Conecuh, Dallas, Escambia, Hale, Marengo, Mobile, Monroe, Perry, Washington, and Wilcox.

C. Separate Case. It is necessary to file a separate complaint form for each claim unless the claims are related to the same incident or issue.

Revised 6/3/96

D. Defendants. The persons who are listed as defendants in section III of the complaint are deemed by the Court to be the only defendants to this action. A defendant's present address must be provided. The Court is unable to serve process without the present address being furnished. The first defendant listed in section III should be the defendant that you list in the style of your case on your complaint form and motion to proceed without prepayment of fees and costs, if applicable, and any other pleading filed with the Court.

E. Pleading the Complaint. Your complaint should not contain legal arguments, case law or statutory citations. You are required to provide facts. Your complaint shall be a short and plain statement of your claim and shall provide fair notice to each defendant of the claim against that defendant and of the factual grounds upon which the claim rests.

F. Fees. This complaint cannot be properly filed unless it is accompanied by the \$150.00 filing fee or a motion to proceed without prepayment of fees and costs if you are unable to afford the filing fee and other costs associated with prosecuting this action.

If you are unable to pay the filing fee and service costs for this action, you may ask the Court to let you proceed without prepayment of fees and costs. A blank motion for this purpose is included.

If you wish to proceed without prepayment of fees and costs, you must complete and mail to the Clerk of Court a copy of the "Motion to Proceed Without Prepayment of Fees and Costs" mailed to you with this complaint. This motion will be returned to you without action unless you have an authorized officer at the jail or prison complete the financial statement mailed to you with this form.

Even if the Court authorizes you to proceed without prepayment of filing fees, you are obligated to pay the full \$150.00. If you have the ability to pay a partial filing fee when your complaint is filed, you will be required to pay an amount, based on your assets, of up to the greater of 20 percent of your average monthly balance in your prison account or your average monthly balance for six months immediately preceding the filing of your complaint. Thereafter, your prison account will be garnished at the rate of 20 percent of your monthly income until the filing fee is paid.

G. Form of Pleadings. All pleadings and other papers filed must be on 8 1/2" x 11" paper, legibly handwritten or typewritten. Every document filed after the complaint must have the style of the case and the docket number. Every pleading must be signed by you and must contain your address and telephone number, if any;

otherwise, the pleading will be stricken. See Fed. R. Civ. P. 11(a). No notary is required.

H. Certificate of Service. Each pleading filed after the complaint must contain a certificate of service indicating that the pleading has been served on the opposing parties and the date that it was sent. A pleading will be stricken if it does not contain this certificate of service. See Fed. R. Civ. P. 5.

I. Copies. This Court will not make copies of your complaint or pleadings unless you prepay the required per page copying fee.

J. Form of Pleadings. Do not write letters to the Court. All pleadings and documents should be sent to the Clerk of the Court, and not to a magistrate judge or a district judge.

K. No Evidence. No evidence shall be sent to the Court for filing or storing.

I. PREVIOUS LAWSUITS.

A. Have you filed any other lawsuits in state or federal court dealing with the same or similar facts involved in this action:
Yes () No (XX)

B. Have you filed other lawsuits in state or federal court relating to your imprisonment: Yes () No (XX)

C. If your answer to questions A or B above is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using this same outline.)

1. Parties to this previous lawsuit:

Plaintiffs: N/A

Defendants: N/A

2. Court (if federal court, name the district; if state court, name the county): N/A

3. Docket Number: N/A

4. Were you granted the opportunity to proceed without payment of filing fees? Yes () No (XX)

5. Name of judge to whom the case was assigned: N/A

6. If your case is no longer pending and has been dismissed, state the reason given by the Court as to why your case was dismissed, i.e., frivolous, malicious, failed to state a claim, defendants were immune, etc.: N/A

7. Approximate date of filing lawsuit: N/A

8. Approximate date of ruling by court: N/A

II. YOUR PRESENT COMPLAINT.

A. Place or institution where action complained of occurred:

STATON CORRECTIONAL FACILITY (HEALTH CARE UNIT)

B. Date it occurred: SEPTEMBER 2004 ON GOING

C. Is there a prisoner grievance procedure in this institution?

YES, I HAVE MADE EVERY ATTEMPT AT GETTING TREATMENT & TEST

D. Did you present the facts relating to your complaint in the state prisoner grievance procedure? Yes (XX) No ()

E. If your answer is YES:

1. What steps did you take? I FILED TWO MEDICAL GRIEVANCES

AND I HAVE BEEN TO SICK CALL ABOUT THIS PROBLEM ON NUMEROUS VISITS

2. What was the result? GRIEVANCES (NO REPLY) SICK CALL

MEDICATIONS THAT DID NOT WORK OR MADE ME SICK

F. If your answer is NO, explain why not: N/A

G. Your claim (briefly explain your claim: what, when, where, who; do not cite cases; you may, without leave of Court, add up to five (5) additional pages if necessary): _____

This Condition started back in 2004 just after I under went reconstructive knee surgery, approximately 8 months latter after this surgery I collapsed due to the muscles in my lower back all the way up into both of my arms became extremely stiff. I worte out sickcall slips to the medical department and spoke to a P.A. Nurse he told me to get in the shower and allow hot water to run over my back as hot as I could stand it. I complied with these instructions for 10 months and within this time I collapsed #3 times because of the heat from the shower and still no change in not worsening the condition in my body. I was even more stiff and sometimes latter I filed another sick call slip and a grievance form. Upon this matter I never saw a Doctor but he prescribed medicine for me one called Napercin that didn't work. I filled out yet another sick call slip and this time I got to see the doctor who put me on a drug called Bacfolen that drug made me sicker, it was to the point that I was throwing up everything that I ate, and this was placed in my Inmate Medical File I then filed another inmate grievance form and some days latter I filled out another sick call slip due to my not being able to walk this was in January of 2005 whereas I needed to see the eye doctor due to my now having blurred vision in my left eye and when I did visit he stated to me that I have some damaged nerves..

III. PARTIES.

- A. Plaintiff (Your name/AIS): Marlon Martin #225145/B-1-10B
 Your present address: P.O.Box #56/ Elmore, AL.36025-0056
- B. Defendant(s): Prison Health Services
1. Defendant (full name) Dr. is employed
 as Doctor at Staton Corr.Fac. H.M.O.U.

His/her present address is _____.

(a) Claim against this defendant: Negligence/ Disregard
to serious medical needs _____.

(b) Supporting facts (Include date/location of incident):
This doctor prescribed medication without first doing any
testing or even seeing me in person to know all my symptoms

and caused my undue sickness and even after he saw that my
condition was worsening he has done nothing for it.....

2. Defendant (full name) _____ is employed

as _____ at _____.

His/her present address is _____.

(a) Claim against this defendant: _____.

(b) Supporting facts (Include date/location of incident):

3. Defendant (full name) _____ is employed

as _____ at _____.

His/her present address is _____.

(a) Claim against this defendant: _____.

(b) Supporting facts (Include date/location of incident):

C. Additional Defendants: (If there are additional defendants, you may list them on separate pages using the same outline above).

IV. A. You must answer the following questions:

1. State the conviction(s) for which you are presently incarcerated: Receiving Stolen Property

2. When were you convicted? September 2002

3. What is the term of your sentence? 15 Years

4. When did you start serving this sentence? September 2002

5. Do you have any other convictions which form the basis of a future sentence? Yes () No (xx)
If so, complete the following:

(a) Date of conviction: N/A

(b) Term of sentence: N/A

6. What is your expected end of sentence (E.O.S.) date?

December 20th, 2006

B. If this present lawsuit concerns your criminal conviction or sentence, state whether your conviction has been:

	Conviction	Sentence
Reversed	yes() no(<input checked="" type="checkbox"/>)	yes() no(<input checked="" type="checkbox"/>)
Expunged	yes() no(<input checked="" type="checkbox"/>)	yes() no(<input checked="" type="checkbox"/>)
Invalidated	yes() no(<input checked="" type="checkbox"/>)	yes() no(<input checked="" type="checkbox"/>)
Writ of habeas corpus granted	yes() no(<input checked="" type="checkbox"/>)	yes() no(<input checked="" type="checkbox"/>)

C. If you answered yes to any of the questions, state the Court or entity that relieved you from your conviction or sentence and the date:

V. State briefly exactly what you want the Court to do for you if you win (make no legal argument, cite no cases or statutes):

Proper Medical Testing and Damages Compensatory, Punitive, & Hedonic
in the sum of \$1,000 combined.

VI. AFFIRMATION. By my signature below, I swear or affirm under penalty of perjury that the facts set out in this complaint are true and correct.

6/13/06
Date

Marlon Martin
(Signature of Plaintiff Under
Penalty of Perjury)

Marlon Martin

Current Mailing Address

P.O.Box #56/ Elmore, AL. 36025-0056

Telephone Number

PLAINTIFF SHALL IMMEDIATELY ADVISE THE COURT IN WRITING OF ANY
CHANGE IN HIS ADDRESS, E.G., RELEASED, TRANSFERRED, MOVED, ETC.
FAILURE TO NOTIFY THE COURT OF A NEW ADDRESS WILL RESULT IN THE
DISMISSAL OF THIS ACTION FOR FAILURE TO PROSECUTE AND TO OBEY THE
COURT'S ORDER.